

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

01911

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland,		c. LENGTH OF STAY IN 1b 1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shallmar			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Weeks Nursing Home				d. STREET ADDRESS ---		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James Madison Brady				4. DATE OF DEATH Month Day Year February 22, 1961			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28, 1867		9. AGE (In years last birthday) 93 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Soft coal mines		11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Elizabeth Brady			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT Mrs. Elvie Brady		Address Shallmar, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema, acute DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Auricular fibrillation DUE TO (c) Arteriosclerosis, generalized						INTERVAL BETWEEN ONSET AND DEATH 12 hrs. days years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <i>James H. Feaster Jr.</i>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 2-23-61	
EXAMINER'S NAME (Type) James H. Feaster Jr. M. D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/25/1961		22c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		22d. LOCATION (City, town, or county) (State) Elk Garden, W. Va.	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Mildred Sharpless</i>				ADDRESS Blaine, W. Va.		24a. REC'D BY REGISTRAR DATE MAR 6 '61	
				24b. REGISTRAR'S SIGNATURE <i>Arthur S. Kraus</i>			

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, indicating the word "pending," in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01912

1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND		c. LENGTH OF STAY IN 1b 1 DAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL				d. STREET ADDRESS SECOND STREET		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROSE ESTHER BROWNING				4. DATE OF DEATH Month Day Year FEB. 18, 19 61			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 14, 1894		9. AGE (In years last birthday) 66 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN W. MARONEY				14. MOTHER'S MAIDEN NAME MARY CATHERINE FLAHERTY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW L - - -		17. INFORMANT Address BRIDGET MARONEY OAKLAND, MARYLAND			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 170X DUE TO Generalized carcinomatosis secondary to primary carcinoma of right breast Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 4 days 18 mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from June 19 58 to Feb. 18, 19 61 that (I) (we) last saw the deceased alive on Feb. 18, 19 61 and that death occurred at 7:35 p. m. from the causes and on the date stated above.							
22a. SIGNATURE James H. Feaster, Jr.				M.D. ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED 2/20/61	
22c. PHYSICIAN'S NAME (Type) James H. Feaster, Jr., M.D.				22d. ADDRESS 58 2nd Street, Oakland, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 2/22/61		23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		23d. LOCATION (City, town, or county) (State) Oakland Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE Gerald N. Minnich				ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR DATE FEB 24 '61	
				25b. REGISTRAR'S SIGNATURE Carroll E. Kline			

1938

CERTIFICATE OF DEATH

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS



CHIEF OF BUREAU

CERTIFICATE OF DEATH

Reg. Dist. No.

01913

1937

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Virginia b. COUNTY Preston	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Terra Alta	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital		d. STREET ADDRESS Route # 1	
3. NAME OF DECEASED (Type or print) First Anna Middle Elizabeth Last Calhoun		4. DATE OF DEATH Month February Day 21 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2, 1890
9. AGE (In years last birthday) 70 yrs.		IF UNDER 1 YEAR Months 9 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Horse Shoe Run	
11. BIRTHPLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Dacid Winters		14. MOTHER'S MAIDEN NAME Lydia Snyder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
INFORMANT Ernest C. Calhoun, Terra Alta, W.Va.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) Hypertensive Arteriosclerotic Cardiovascular Disease DUE TO (c) 10-20 Years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 1960 , to February 21, 1961 , that I last saw the deceased alive on February 21, 1961 , and that death occurred at 11:00 AM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Herbert H. Leighton		ADDRESS (Street, city or town, state) DATE SIGNED 77 Oak St. Oakland, Md. 24 Feb 61	
PHYSICIAN'S NAME (Type) HERBERT H. LEIGHTON M.D.		Oakland, Maryland.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial Feb 25, 1961		22b. DATE THEREOF Pine Run Cemetery	
22c. NAME OF CEMETERY OR CREMATORY Route 53, Terra Alta, W.Va.		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE William		ADDRESS Terra Alta, W.Va.	
24a. REC'D BY REGISTRAR FEB 28 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Howard	

F.D. License Md. No. A 8305

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Page 4

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/58

1933

CENTRAL



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1
1938
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01914

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland. b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Gorman		c. LENGTH OF STAY IN 1b 60 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Red Oak Community		d. STREET ADDRESS Red Oak Community	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Virginia Middle Minerva Last Childs		4. DATE OF DEATH Month February Day 4 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1877
9. AGE (In years last birthday) 83 yrs.		IF UNDER 1 YEAR Months 83 Days 83 Hours 83 Min. 83	IF UNDER 24 HRS. Months 83 Days 83 Hours 83 Min. 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Edwin Leech		14. MOTHER'S MAIDEN NAME Harriett R. Root	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---	
17. INFORMANT James Childs		Address R.D. Gorman, W. Va.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary Heart Disease DUE TO (c) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 1 week 5 yrs. 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> of work Nat while <input type="checkbox"/> of work	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 1:50 to 1:35p , that (I) (we) last saw the deceased alive on Feb 4 , 19 61 , and that death occurred at 1:35p , from the causes and on the date stated above.			
22a. SIGNATURE Ralph Calandrella		22b. DATE SIGNED 2/7/61	
22c. PHYSICIAN'S NAME (Type) Ralph Calandrella, M. D.		22d. ADDRESS Kitzmilller, Maryland.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 2/7/1961	
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Garrett Co., Md.	
24. FUNERAL DIRECTOR'S SIGNATURE H. C. Leighton		ADDRESS Oakland, Md.	
25a. REC'D BY REGISTRAR FEB 14 '61		25b. REGISTRAR'S SIGNATURE Arthur S. Hume	

Greatly improved
condition
of the
system

2/20
2/20
2/20

1950 Feb 1

Feb 1

John C. ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. **01915**

1939

1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND, MD				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X GRANTSVILLE, MD			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) GARRETT CO MEMORIAL - OAKLAND, MD				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ORPHA Middle MYRTLE Last FALINGER				4. DATE OF DEATH Month FEB Day 17 Year 1961			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 8, 1897	
9. AGE (In years last birthday) 63 yrs.		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) FORT HILL, SOMERSET, C. PA.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME EDWARD B. DURST				14. MOTHER'S MAIDEN NAME LOTTIE KRAMER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. INFORMANT		17. ADDRESS Raymond Falinger, Grantsville, Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism, Massive DUE TO 3-4 Hrs. Conditions, if any, which gave rise to immediate cause (b) Mesenteric Thrombosis, Gangrene of Bowel 24 Hrs. (c) Mural thrombi, Left Auricle ? DUE TO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 19 o. m. 0 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE James H. Feaster, Jr. M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) James H. Feaster, Jr. M.D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> February 17, 1961			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 2/20/61		22c. NAME OF CEMETERY OR CREMATORY ADDISON		22d. LOCATION (City, town, or county) (State) ADDISON, SOMERSET CO PA	
23. FUNERAL DIRECTOR'S SIGNATURE Don Newman, Grantsville, Md				24a. REC'D BY REGISTRAR FEB 23 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Hearn	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, using the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED
 NAME: JOHN J. SMITH
 SEX: MALE
 AGE: 45
 RACE: WHITE
 BIRTH DATE: 1910
 BIRTH PLACE: NEW YORK
 MARRIAGE: 1935
 WIFE'S NAME: MARY J. SMITH
 DECEASED AT: HOME
 PLACE OF DEATH: 1234 MAIN ST, BALTIMORE, MD

2. CAUSE OF DEATH
 IMMEDIATE: HEART DISEASE
 UNDERLYING: CORONARY ARTERY DISEASE
 MANNER OF DEATH: NATURAL

3. SIGNATURE OF EXAMINER
 NAME: DR. J. H. BROWN
 ADDRESS: 5678 PINE ST, BALTIMORE, MD
 SIGNATURE: [Signature]

4. SIGNATURE OF WITNESSES
 NAME: JOHN J. SMITH
 ADDRESS: 1234 MAIN ST, BALTIMORE, MD
 SIGNATURE: [Signature]
 NAME: MARY J. SMITH
 ADDRESS: 1234 MAIN ST, BALTIMORE, MD
 SIGNATURE: [Signature]

5. CERTIFICATE OF BURIAL
 NAME: JOHN J. SMITH
 ADDRESS: 1234 MAIN ST, BALTIMORE, MD
 SIGNATURE: [Signature]

1940

CERTIFICATE OF DEATH

Reg. Dist. No.

01916

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Virginia b. COUNTY Preston	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN lb 1 yr. 7 mos.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cuppitt Nursing Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle BOLTON Last JEFFERYS		4. DATE OF DEATH February 5, 1961. Month February Day 5 Year 19	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1879
9. AGE (In years last birthday) 81 yrs.		IF UNDER 1 YEAR Months 7 Days 29	IF UNDER 24 HRS. Hours 29 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY B & O Railroad	11. BIRTHPLACE (State or foreign country) Terra Alta, W.Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Enos Jefferys	
14. MOTHER'S MAIDEN NAME Martha Elsey		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		INFORMANT Address Mrs. Marguerite Root, Terra Alta, W.Va.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vascular Accident DUE TO Renalized Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 WK
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan 26 , 19 59 , to Feb 5 , 19 61 that I last saw the deceased alive on Feb 4 , 19 61 , and that death occurred at 9:50 AM , from the causes and on the date stated above.			
ACTUAL SIGNATURE E. Irving Baumgartner		ADDRESS (Street, city or town, state) 25 Alder St DATE SIGNED 2/6/61	
PHYSICIAN'S NAME (Type) E. Irving Baumgartner		Oakland, Maryland.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF February 7, 1961	22c. NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery	22d. LOCATION (City, town, or county) (State) Route # 7, Terra Alta, W.Va.
23. FUNERAL DIRECTOR'S SIGNATURE F.D. License A8305		24a. REC'D BY REGISTRAR DATE FEB 9 '61	
ADDRESS Md. F.D. License A8305, Terra Alta, W.Va.		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

TO HOSPITAL: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1940

State of Virginia

County of

City of

Birth

Death

February 2, 1941

Age

Sex

Color

Married

SI

John A. Smith

DATE

TIME

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

1940

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

01917

1941

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE W. Va. b. COUNTY Tucker	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN 1b 1 Month	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Steve		4. DATE OF DEATH Month February Day 28 Year 19 61	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 28, 1890
9. AGE (In years last birthday) 71 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY COAL	
11. BIRTHPLACE (State or foreign country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Karloovich, Simon		14. MOTHER'S MAIDEN NAME Kranchvich, Eva	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 236-03-1885	
17. INFORMANT (Name) Pauline Karlovich		Address Thomas, W. Va.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 410X Hypocardial Failure DUE TO Coronary occlusion, left - Mitral Stenosis and Cardiac Hypertrophy DUE TO Bleeding duodenal polyps PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) years			INTERVAL BETWEEN ONSET AND DEATH 2 days 4 wks
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from December 19 55 to 2-28 , 19 61 , that I last saw the deceased alive on 2-28 , 19 61 , and that death occurred at 6:40 A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE A. E. Mance		DATE SIGNED 28 Feb 61	
PHYSICIAN'S NAME (Type) Dr. A. E. Mance		ADDRESS (Street, city or town, state) Oakland, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF MAR. 3, 1961	22c. NAME OF CEMETERY OR CREMATORY CATHOLIC	22d. LOCATION (City, town, or county) (State) THOMAS, W. VA.
23. FUNERAL DIRECTOR'S SIGNATURE Arthur L. Kraus		24a. REC'D BY REGISTRAR DATE MAR 3 '61	
24b. REGISTRAR'S SIGNATURE Arthur L. Kraus			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the vital or attending physician. TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

192

TO HOSPITAL: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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1
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Penna. b. COUNTY Washington	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN 1b 4 Years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Weeks Nursing Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle Theodore Last Kennedy		4. DATE OF DEATH Month February Day 23 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 17, 1878
9. AGE (In years last birthday) 82 yrs.		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator		10b. KIND OF BUSINESS OR INDUSTRY Penna. Railroad	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Kennedy		14. MOTHER'S MAIDEN NAME Sarah Kerr	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 136-16-2129	
17. INFORMANT William Kennedy - California, Pa.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause lost. (b) Generalized Arterio Sclerosis DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. _____ p. m. _____ 19 _____		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from July 1960 to Feb. 23, 1961 , that (I) (we) last saw the deceased alive on Feb. 23, 1961 , and that death occurred at 7:55 P.M. from the causes and on the date stated above.			
22a. SIGNATURE E. I. Baumgartner		22b. DATE SIGNED 2/24/61	
22c. PHYSICIAN'S NAME (Type) E. I. Baumgartner, M. D.		22d. ADDRESS Oakland, Md.	
23a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 2/26/1961	
23c. NAME OF CEMETERY OR CREMATORY Phillipsburg Cemetery		23d. LOCATION (City, town, or county) (State) California, Pa.	
24. FUNERAL DIRECTOR'S SIGNATURE H. C. Leighton		25a. REC'D BY REGISTRAR DATE FEB 27 '61	
ADDRESS Oakland, Md.		25b. REGISTRAR'S SIGNATURE Arthur S. House	

1943

CERTIFICATE OF DEATH

Age 12 years

California

Yorba

Yorba

1200 Union St.

1200 Union St.

Charles Thomas Kennedy

February 25

82

June 17, 1978

White

Tennessee

1943

1943

1200 Union St.

1200 Union St.

1200 Union St.

1200 Union St.

1200 Union St.

1200 Union St.

1200 Union St.

1200 Union St.

1200 Union St.

1200 Union St.

1200 Union St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1943

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 01919

1. PLACE OF DEATH a. COUNTY Garrett b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland, c. LENGTH OF STAY IN 1b 27 yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4 Mi. West Oakland				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland, d. STREET ADDRESS 4 Mi. West Oakland, e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Martin Middle Ray Last Lewis				4. DATE OF DEATH Month February Day 4, Year 1961			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 25, 1888	
9. AGE (In years last birthday) 72 yrs.		IF UNDER 1 YEAR Months 72 Days 72		IF UNDER 24 HRS. Hours 72 Min. 72			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer & Farmer				10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Phillip Lewis				14. MOTHER'S MAIDEN NAME Catherine Friend			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes				16. SOCIAL SECURITY NO. 220-16-5736			
17. INFORMANT Lester Lewis				Address Hutton, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION, LEFT DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) CORONARY SCLEROSIS WITH THROMBOSIS DUE TO (c) ----						INTERVAL BETWEEN ONSET AND DEATH 2-3 Hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 19 a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> . Inspection <input checked="" type="checkbox"/> . Inquiry <input checked="" type="checkbox"/> . and find that death resulted from: Natural causes <input checked="" type="checkbox"/> . Accident <input type="checkbox"/> . Suicide <input type="checkbox"/> . Homicide <input type="checkbox"/> . Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE James H. Feaster, Jr.				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) JAMES H. FEASTER, Jr. M.D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Feb. 5, 1961			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/8/1961		22c. NAME OF CEMETERY OR CREMATORY Kimmell Cemetery		22d. LOCATION (City, town, or county) (State) near Oakland, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE H. C. Reighton				ADDRESS Oakland, Md.		24a. REC'D BY REGISTRAR DATE FEB 8 '61	
						24b. REGISTRAR'S SIGNATURE C. L. S. Kenna	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the certificate should be dated, and the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NAME OF DECEASED		SEX		AGE		DATE OF DEATH	
JAMES H. SMITH		MALE		45		JAN 15 1918	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH	
1234 E. BALTIMORE ST.		LABORER		HEART DISEASE		NATURAL	
PLACE OF DEATH		DATE OF BURIAL		TIME OF BURIAL		PLACE OF BURIAL	
HOME		JAN 16 1918		10:00 AM		CATHOLIC CHURCH	
NAME OF PHYSICIAN		NAME OF ASSISTANT		NAME OF NURSE		NAME OF CORONER	
DR. J. H. BROWN		DR. W. H. WHITE		MISS M. J. GREEN		MR. J. H. BLACK	
SIGNATURE OF PHYSICIAN		SIGNATURE OF ASSISTANT		SIGNATURE OF NURSE		SIGNATURE OF CORONER	
[Signature]		[Signature]		[Signature]		[Signature]	
DATE OF CERTIFICATE		NAME OF EXAMINER		NAME OF COUNTY		NAME OF STATE	
JAN 16 1918		J. H. BROWN		BALTIMORE		MARYLAND	

1944

CERTIFICATE OF DEATH

Reg. Dist. No.

01920

1. PLACE OF DEATH o. COUNTY Garrett MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Garrett			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deer Park				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deer Park			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Bowser Nursing Home				d. STREET ADDRESS 1			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Arthur Herman Liller				4. DATE OF DEATH Month 2 Day 25 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 5, 1892		9. AGE (In years last birthday) 68 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Burlington, W. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Liller				14. MOTHER'S MAIDEN NAME Eliza Blackburn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 217-10-6235		17. INFORMANT Mrs. Carrie Liller Rawlings, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Bronchitis							INTERVAL BETWEEN ONSET AND DEATH 3 days 1 1/2
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan , 19 60 , to Feb. 25 , 19 61 , that I last saw the deceased alive on Feb. 23 , 19 61 , and that death occurred at M , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Ralph C. Andrus M.D. K. Zimmerman, Md Feb 28 - 61 PHYSICIAN'S NAME (Type) Ralph C. Andrus K. Zimmerman, Md							
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 2/28/61		22c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		22d. LOCATION (City, town, or county) (State) Oakland Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Gerald N. Munnich				24a. REC'D BY REGISTRAR DATE MAR 6 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Evans	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1894

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 Film G281 2-16-61 et

1945

CERTIFICATE OF DEATH

Reg. Dist. No. 01921

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN TB 7 days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cuppett Nursing Home		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Cora May Lohr		4. DATE OF DEATH Month Feb. Day 4 Year 19 61	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH may 14, 1875
9. AGE (In years last birthday) 84 yrs.		10. IF UNDER 1 YEAR Months 4 Days 19 Hours 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmistress		10b. KIND OF BUSINESS OR INDUSTRY Post Office	
11. BIRTHPLACE (State or foreign country) Swanton, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Ashenfelter		14. MOTHER'S MAIDEN NAME Ella Stoner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Robert Sheckells		Address Baltimore, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pneumonia 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Renewed Arterio sclerosis (c) Renewed Arterio sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 21. I certify that I attended the deceased from Jan 29, 1961, to Feb 4, 1961, that I last saw the deceased alive on Feb 4, 1961, and that death occurred at 5:57 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 25 Alder St. Oakland, Md. DATE SIGNED 2/7/61			INTERVAL BETWEEN ONSET AND DEATH 1 day
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan 29, 1961 , to Feb 4, 1961 , that I last saw the deceased alive on Feb 4, 1961 , and that death occurred at 5:57 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 25 Alder St. Oakland, Md. DATE SIGNED 2/7/61			
ACTUAL SIGNATURE E. I. Baumgartner M.D.			
PHYSICIAN'S NAME (Type) E. I. Baumgartner M. D.		25 Alder St. Oakland, Md. 2/7/61	
22a. BURIAL, CREMATION, REMOVAL (Specify) burial	22b. DATE THEREOF 2/8/61	22c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	22d. LOCATION (City, town, or county) (State) Oakland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Gerald N. Minnich		ADDRESS Oakland, Maryland	
24a. REC'D BY REGISTRAR FEB 14 '61		24b. REGISTRAR'S SIGNATURE Clarence S. Hanna	

Page 4
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be returned to the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1946

Item 7 Film 9291 2-17-61 et

01922

1. PLACE OF DEATH a. COUNTY GARRETT b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND c. LENGTH OF STAY IN 1b 7 DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND d. STREET ADDRESS 1 e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LAWRENCE Middle WILBUR Last MOOMAW		4. DATE OF DEATH Month FEBRUARY Day 7 Year 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 29, 1911
9. AGE (In years last birthday) 49 yrs.		10. IF UNDER 1 YEAR Months 7 Days 19	11. IF UNDER 24 HRS. Hours 19 Min. 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER		10b. KIND OF BUSINESS OR INDUSTRY soft Coal mines	
11. BIRTHPLACE (State or foreign country) MT. LAKE PARK, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME MOOMAW, FRANK		14. MOTHER'S MAIDEN NAME LEE, DELIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 213-10-3716	
17. INFORMANT GRAHAM WEEKS		Address OAKLAND, MARYLAND	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema, Acute DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. 277X (b) Arterial Disruption DUE TO (c) Cushing's Syndrome		INTERVAL BETWEEN ONSET AND DEATH 7 days 10 days 18 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) pt. Had Pemphigus and on Steroid Therapy		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Jan. 10:00 1958 , to 2-7 1961 , that (I) (we) lost the deceased alive on 2-7 1961 , and that death occurred at P.M. , from the causes and on the date stated above.			
22a. SIGNATURE James H. Feaster		22b. DATE SIGNED 2/8/61	
22c. PHYSICIAN'S NAME (Type) DR. JAMES H. FEASTER		22d. ADDRESS OAKLAND, MARYLAND	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 2/10/1961	
23c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.		23d. LOCATION (City, town, or county) (State) near Mt. Lake Park, Md.	
24. FUNERAL DIRECTOR'S SIGNATURE H. L. Lighton		25a. REC'D BY REGISTRAR DATE FEB 14 '61	
ADDRESS Oakland, Md.		25b. REGISTRAR'S SIGNATURE Clifford S. Harris	

2021

478-0528

01925

1. PLACE OF DEATH o. COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE District of Columbia		h. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crellin		c. LENGTH OF STAY IN 1b 2 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington		11X-1	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Home of Mrs. Dwight Ashby				d. STREET ADDRESS 1770 Church Street, N. W.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Mary		Middle Matilda		Last Rogers	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 17, 1881	
9. AGE (In years last birthday) 80 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work, for other s		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland.	
13. FATHER'S NAME John Rogers		14. MOTHER'S MAIDEN NAME Catherine Dunn		4. DATE OF DEATH Month February		Day 25,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Dwight Ashby		Address Crellin, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Disease 420. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic CVD DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 yr 8 mos		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
21. I certify that (I) (this hospital) attended the deceased from 2/25/61 to 2/15/61 , that (I) (we) last saw the deceased alive on 2/15/61 and that death occurred at 9:15A from the causes and on the date stated above.		22a. SIGNATURE Andrew E. Mance		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED 25 Feb 61	
22c. PHYSICIAN'S NAME (Type) Andrew E. Mance, M. D.		22d. ADDRESS Oakland, Md.		23a. BURIAL, CREMATION, or other disposition (Specify) Burial		23b. DATE THEREOF 2/27/1961	
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		23d. LOCATION (City, town, or county) Westernport, Md.		(State)			
24. FUNERAL DIRECTOR'S SIGNATURE H. Leighton		ADDRESS Oakland, Md.		25a. REC'D BY REGISTRAR DATE MAR 1 '61		25b. REGISTRAR'S SIGNATURE Arthur S. House	

1947

OFFICE OF THE

1947

REPORT OF THE

COMMISSIONER OF THE

DEPARTMENT OF THE

INTERIOR

FOR THE YEAR

ENDING

DECEMBER 31, 1947

WASHINGTON, D. C.

U. S. GOVERNMENT PRINTING OFFICE

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FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any death is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
5M 7/59

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH										
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										
1948 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
01924										
1. PLACE OF DEATH a. COUNTY Garrett b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Luke, Maryland c. LENGTH OF STAY IN 1b MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Lonaconing d. STREET ADDRESS Detmold Street e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) CHARLES ADAM SIGLER					4. DATE OF DEATH Month 2 Day 20 Year 1961					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9/18/1905		9. AGE (In years last birthday) 55 yrs. IF UNDER 1 YEAR: Months 5 Days 19 IF UNDER 24 HRS.: Hours 19 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard at Luke Paper Mill					10b. KIND OF BUSINESS OR INDUSTRY Midland, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Charles A. Sigler					14. MOTHER'S MAIDEN NAME Edith Poland					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give year or dates of service) No					16. SOCIAL SECURITY NO. ---					
17. INFORMANT Mrs. Naidene Sigler, Lonaconing, MD.					Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 CORONARY OCCLUSION, RIGHT (WIFE) DUE TO (b) CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) --- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ---										
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>										
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.					20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED February 20, 1961 EXAMINER'S NAME (Type) James H. Feaster, Jr. M.D. Address (Street, city, town, or county) Oakland, Md.										
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/23/1961		22c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park		22d. LOCATION (City, town, or county) (State) Cumberland, MD.				
23. FUNERAL DIRECTOR GEORGE EICHHORN					ADDRESS LONACONING, MD.		24a. REC'D BY REGISTRAR FEB 24 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

4.

5062-2010

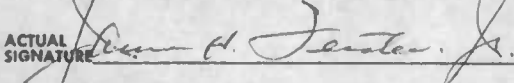
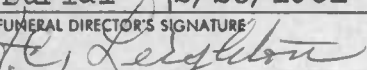
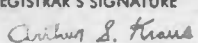
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. **01925**

1949

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Maryland b. COUNTY Garrett			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland,		c. LENGTH OF STAY IN 1b 1 Hr.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland,			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Garrett County Memorial Hospital				d. STREET ADDRESS 1 Mi. So. Oakland,			
3. NAME OF DECEASED (Type or print) First Mary Middle Bond Last Weber				4. DATE OF DEATH Month February Day 17, Year 19 61			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH Oct. 27, 1889		9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Pennsylvania			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME James Bond			
14. MOTHER'S MAIDEN NAME Cara Lane				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			
16. SOCIAL SECURITY NO.				17. INFORMANT Logan Weber			
Address Oakland, Md.				18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull DUE TO (b) Fractured left arm DUE TO (c) Crushed chest and broken left leg Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2 car auto accident Rt. 219 near Oakland, Maryland					
20c. TIME OF INJURY Month, Day, Year Hour 6 p. m. 2-17 1961		20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway			
20f. (City or town) Oakland		(County) Garrett		(State) Md.			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE 				DATE SIGNED 2-17-61			
EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Oakland, Md.				22a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
22b. DATE THEREOF 2/20/1961		22c. NAME OF CEMETERY OR CREMATORY Weber Family Cemetery		22d. LOCATION (City, town, or county) (State) near Oakland, Md.			
23. FUNERAL DIRECTOR'S SIGNATURE 				ADDRESS Oakland, Md.			
24a. REC'D BY REGISTRAR FEB 23 '61		24b. REGISTRAR'S SIGNATURE 					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the certificate should be executed the day after the death. Give Pages 1, 2, and 3 to the funeral director. Page 5 may be retained for your file. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Medical Examiner	
10. Signature of Coroner		11. Signature of Physician		12. Signature of Nurse	
13. Signature of Undertaker		14. Signature of Burial Director		15. Signature of Cemetery	
16. Signature of Registrar		17. Signature of Health Officer		18. Signature of Police Officer	
19. Signature of Fire Department		20. Signature of Fire Insurance		21. Signature of Fire Marshal	
22. Signature of Fire Alarm		23. Signature of Fire Station		24. Signature of Fire Engine	
25. Signature of Fire Truck		26. Signature of Fire Hose		27. Signature of Fire Ladder	
28. Signature of Fire Axe		29. Signature of Fire Shovel		30. Signature of Fire Pick	
31. Signature of Fire Saw		32. Signature of Fire Hammer		33. Signature of Fire Wrench	
34. Signature of Fire Tongs		35. Signature of Fire Hook		36. Signature of Fire Nozzle	
37. Signature of Fire Hose		38. Signature of Fire Ladder		39. Signature of Fire Axe	
40. Signature of Fire Shovel		41. Signature of Fire Pick		42. Signature of Fire Saw	
43. Signature of Fire Hammer		44. Signature of Fire Wrench		45. Signature of Fire Tongs	
46. Signature of Fire Hook		47. Signature of Fire Nozzle		48. Signature of Fire Hose	
49. Signature of Fire Ladder		50. Signature of Fire Axe		51. Signature of Fire Shovel	
52. Signature of Fire Pick		53. Signature of Fire Saw		54. Signature of Fire Hammer	
55. Signature of Fire Wrench		56. Signature of Fire Tongs		57. Signature of Fire Hook	
58. Signature of Fire Nozzle		59. Signature of Fire Hose		60. Signature of Fire Ladder	
61. Signature of Fire Axe		62. Signature of Fire Shovel		63. Signature of Fire Pick	
64. Signature of Fire Saw		65. Signature of Fire Hammer		66. Signature of Fire Wrench	
67. Signature of Fire Tongs		68. Signature of Fire Hook		69. Signature of Fire Nozzle	
70. Signature of Fire Hose		71. Signature of Fire Ladder		72. Signature of Fire Axe	
73. Signature of Fire Shovel		74. Signature of Fire Pick		75. Signature of Fire Saw	
76. Signature of Fire Hammer		77. Signature of Fire Wrench		78. Signature of Fire Tongs	
79. Signature of Fire Hook		80. Signature of Fire Nozzle		81. Signature of Fire Hose	
82. Signature of Fire Ladder		83. Signature of Fire Axe		84. Signature of Fire Shovel	
85. Signature of Fire Pick		86. Signature of Fire Saw		87. Signature of Fire Hammer	
88. Signature of Fire Wrench		89. Signature of Fire Tongs		90. Signature of Fire Hook	
91. Signature of Fire Nozzle		92. Signature of Fire Hose		93. Signature of Fire Ladder	
94. Signature of Fire Axe		95. Signature of Fire Shovel		96. Signature of Fire Pick	
97. Signature of Fire Saw		98. Signature of Fire Hammer		99. Signature of Fire Wrench	
100. Signature of Fire Tongs		101. Signature of Fire Hook		102. Signature of Fire Nozzle	
103. Signature of Fire Hose		104. Signature of Fire Ladder		105. Signature of Fire Axe	
106. Signature of Fire Shovel		107. Signature of Fire Pick		108. Signature of Fire Saw	
109. Signature of Fire Hammer		110. Signature of Fire Wrench		111. Signature of Fire Tongs	
112. Signature of Fire Hook		113. Signature of Fire Nozzle		114. Signature of Fire Hose	
115. Signature of Fire Ladder		116. Signature of Fire Axe		117. Signature of Fire Shovel	
118. Signature of Fire Pick		119. Signature of Fire Saw		120. Signature of Fire Hammer	
121. Signature of Fire Wrench		122. Signature of Fire Tongs		123. Signature of Fire Hook	
124. Signature of Fire Nozzle		125. Signature of Fire Hose		126. Signature of Fire Ladder	
127. Signature of Fire Axe		128. Signature of Fire Shovel		129. Signature of Fire Pick	
130. Signature of Fire Saw		131. Signature of Fire Hammer		132. Signature of Fire Wrench	
133. Signature of Fire Tongs		134. Signature of Fire Hook		135. Signature of Fire Nozzle	
136. Signature of Fire Hose		137. Signature of Fire Ladder		138. Signature of Fire Axe	
139. Signature of Fire Shovel		140. Signature of Fire Pick		141. Signature of Fire Saw	
142. Signature of Fire Hammer		143. Signature of Fire Wrench		144. Signature of Fire Tongs	
145. Signature of Fire Hook		146. Signature of Fire Nozzle		147. Signature of Fire Hose	
148. Signature of Fire Ladder		149. Signature of Fire Axe		150. Signature of Fire Shovel	
151. Signature of Fire Pick		152. Signature of Fire Saw		153. Signature of Fire Hammer	
154. Signature of Fire Wrench		155. Signature of Fire Tongs		156. Signature of Fire Hook	
157. Signature of Fire Nozzle		158. Signature of Fire Hose		159. Signature of Fire Ladder	
160. Signature of Fire Axe		161. Signature of Fire Shovel		162. Signature of Fire Pick	
163. Signature of Fire Saw		164. Signature of Fire Hammer		165. Signature of Fire Wrench	
166. Signature of Fire Tongs		167. Signature of Fire Hook		168. Signature of Fire Nozzle	
169. Signature of Fire Hose		170. Signature of Fire Ladder		171. Signature of Fire Axe	
172. Signature of Fire Shovel		173. Signature of Fire Pick		174. Signature of Fire Saw	
175. Signature of Fire Hammer		176. Signature of Fire Wrench		177. Signature of Fire Tongs	
178. Signature of Fire Hook		179. Signature of Fire Nozzle		180. Signature of Fire Hose	
181. Signature of Fire Ladder		182. Signature of Fire Axe		183. Signature of Fire Shovel	
184. Signature of Fire Pick		185. Signature of Fire Saw		186. Signature of Fire Hammer	
187. Signature of Fire Wrench		188. Signature of Fire Tongs		189. Signature of Fire Hook	
190. Signature of Fire Nozzle		191. Signature of Fire Hose		192. Signature of Fire Ladder	
193. Signature of Fire Axe		194. Signature of Fire Shovel		195. Signature of Fire Pick	
196. Signature of Fire Saw		197. Signature of Fire Hammer		198. Signature of Fire Wrench	
199. Signature of Fire Tongs		200. Signature of Fire Hook		201. Signature of Fire Nozzle	
202. Signature of Fire Hose		203. Signature of Fire Ladder		204. Signature of Fire Axe	
205. Signature of Fire Shovel		206. Signature of Fire Pick		207. Signature of Fire Saw	
208. Signature of Fire Hammer		209. Signature of Fire Wrench		210. Signature of Fire Tongs	
211. Signature of Fire Hook		212. Signature of Fire Nozzle		213. Signature of Fire Hose	
214. Signature of Fire Ladder		215. Signature of Fire Axe		216. Signature of Fire Shovel	
217. Signature of Fire Pick		218. Signature of Fire Saw		219. Signature of Fire Hammer	
220. Signature of Fire Wrench		221. Signature of Fire Tongs		222. Signature of Fire Hook	
223. Signature of Fire Nozzle		224. Signature of Fire Hose		225. Signature of Fire Ladder	
226. Signature of Fire Axe		227. Signature of Fire Shovel		228. Signature of Fire Pick	
229. Signature of Fire Saw		230. Signature of Fire Hammer		231. Signature of Fire Wrench	
232. Signature of Fire Tongs		233. Signature of Fire Hook		234. Signature of Fire Nozzle	
235. Signature of Fire Hose		236. Signature of Fire Ladder		237. Signature of Fire Axe	
238. Signature of Fire Shovel		239. Signature of Fire Pick		240. Signature of Fire Saw	
241. Signature of Fire Hammer		242. Signature of Fire Wrench		243. Signature of Fire Tongs	
244. Signature of Fire Hook		245. Signature of Fire Nozzle		246. Signature of Fire Hose	
247. Signature of Fire Ladder		248. Signature of Fire Axe		249. Signature of Fire Shovel	
250. Signature of Fire Pick		251. Signature of Fire Saw		252. Signature of Fire Hammer	
253. Signature of Fire Wrench		254. Signature of Fire Tongs		255. Signature of Fire Hook	
256. Signature of Fire Nozzle		257. Signature of Fire Hose		258. Signature of Fire Ladder	
259. Signature of Fire Axe		260. Signature of Fire Shovel		261. Signature of Fire Pick	
262. Signature of Fire Saw		263. Signature of Fire Hammer		264. Signature of Fire Wrench	
265. Signature of Fire Tongs		266. Signature of Fire Hook		267. Signature of Fire Nozzle	
268. Signature of Fire Hose		269. Signature of Fire Ladder		270. Signature of Fire Axe	
271. Signature of Fire Shovel		272. Signature of Fire Pick		273. Signature of Fire Saw	
274. Signature of Fire Hammer		275. Signature of Fire Wrench		276. Signature of Fire Tongs	
277. Signature of Fire Hook		278. Signature of Fire Nozzle		279. Signature of Fire Hose	
280. Signature of Fire Ladder		281. Signature of Fire Axe		282. Signature of Fire Shovel	
283. Signature of Fire Pick		284. Signature of Fire Saw		285. Signature of Fire Hammer	
286. Signature of Fire Wrench		287. Signature of Fire Tongs		288. Signature of Fire Hook	
289. Signature of Fire Nozzle		290. Signature of Fire Hose		291. Signature of Fire Ladder	
292. Signature of Fire Axe		293. Signature of Fire Shovel		294. Signature of Fire Pick	
295. Signature of Fire Saw		296. Signature of Fire Hammer		297. Signature of Fire Wrench	
298. Signature of Fire Tongs		299. Signature of Fire Hook		300. Signature of Fire Nozzle	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. **01926**

1950

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland. b. COUNTY Garrett			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland		c. LENGTH OF STAY IN 1b --		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Oakland,			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) on Route #219, 1 Mi. So. Oakland				d. STREET ADDRESS 1 Mi. So. Oakland,			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last Ralph Enoch Weber							
4. DATE OF DEATH Month Day Year February 17, 1961							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH March 24, 1887		9. AGE (In years <small>1 day 1 month 1 year</small>) 73 yrs.		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist and Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Maryland.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Henry Weber				14. MOTHER'S MAIDEN NAME Catherine Schuetz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 213-12-9951		17. INFORMANT Address Logan Weber Oakland, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck 816X DUE TO Crushed Chest Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO Broken Legs </div> <div style="width: 15%; text-align: center;"> INTERVAL BETWEEN ONSET AND DEATH Immediate " " </div> </div>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2 car auto accident Rt. 219 near Oakland, Md.					
20c. TIME OF INJURY Month, Day, Year 6 Hour XX 2-17-61		20d. INJURY OCCURRED While of work Not while of work While of work <input type="checkbox"/> Not while of work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway			
20f. (City or town) Oakland		20g. (County) Garrett		20h. (State) Maryland			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/>, Accident <input checked="" type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.							
ACTUAL SIGNATURE <i>James H. Feaster, Jr.</i> M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) JAMES H. FEASTER, JR.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Oakland, Md.				DATE SIGNED 2-17-61			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/20/1961		22c. NAME OF CEMETERY OR CREMATORY Weber Family Cemetery			
22d. LOCATION (City, town, or county) Near Oakland, Md.							
23. FUNERAL DIRECTOR'S SIGNATURE <i>H. Leighton</i>		ADDRESS Oakland, Md.		24a. REC'D BY REGISTRAR DATE FEB 23 '61			
24b. REGISTRAR'S SIGNATURE <i>Arthur L. Thomas</i>							

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the cause of death should be stated in the certificate, with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral home. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MISSOURI STATE DEPARTMENT OF HEALTH - CARROLL TO
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1930

Name of Deceased		Sex		Age		Date of Death	
John Doe		Male		45		Jan 15, 1930	
Place of Birth		Occupation		Cause of Death		Manner of Death	
St. Louis, Mo.		Teacher		Heart Disease		Natural	
Residence at Time of Death		Usual Residence		Place of Death		Physician's Name	
123 Main St.		123 Main St.		St. Louis, Mo.		Dr. J. H. Smith	
Signature of Medical Examiner		Signature of Physician		Signature of Coroner		Signature of Registrar	
[Signature]		[Signature]		[Signature]		[Signature]	
Date of Examination		Time of Examination		Place of Examination		Initials of Medical Examiner	
Jan 16, 1930		10:00 AM		St. Louis, Mo.		J. H. Smith	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1951
CERTIFICATE OF DEATH

Reg. Dist. No. **01927**

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland c. LENGTH OF STAY IN 1b 4 mos.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) Ernest Theodore Wilt				4. DATE OF DEATH Month 2 Day 24 Year 1961							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10/18/01		9. AGE (In years last birthday) 59 yrs. IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner				10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (State or foreign country) Thayerville, Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Wilt				14. MOTHER'S MAIDEN NAME Barbara McRobie							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 212-10-7999		17. INFORMANT Iva (Keefer) Wilt Oakland Rt# 1, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. } (b) Chronic Coronary Heart DUE TO _____ (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) EMPHYSEMA								INTERVAL BETWEEN ONSET AND DEATH 15 min 50p.			
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>								20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from James , 1958, to Feb 24 , 1961, that I last saw the deceased alive on Feb 24 , 1961, and that death occurred at 5:30 P. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED _____ ACTUAL SIGNATURE E. Irving Baumgartner M.D. _____ PHYSICIAN'S NAME (Type) E. Irving Baumgartner 25 Alder St. Oakland, Md. 2/27/61											
22a. BURIAL, CREMATION, REMOVAL (Specify) burial			22b. DATE THEREOF 2/27/61		22c. NAME OF CEMETERY OR CREMATORY Ferndale Cemetery			22d. LOCATION (City, town, or county) (State) Garrett Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE Gerald N. Minnich						ADDRESS Oakland, Maryland		24a. REC'D BY REGISTRAR MAR 3 61		24b. REGISTRAR'S SIGNATURE Arthur S. Hearn	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

